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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Janice Hahn for Congress 1379 Park Western Drive ADDRESS (number and street) #142 (Check if address is changed) San Pedro 90732 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@campaignfinance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2012 C00493023 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer James Cross [Electronically Filed] 07 2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF COMMITTEE					
	te Committee:				
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	olete the candidate			
Name of Candidate	Janice Hahn				
Candidate	Office	State			
Party Affilia	tion DEM Sought: X House Senate President	District 44			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Name of Candidate					
Party Co					
(d)		(Democratic, Republican, etc.) Party.			
Political	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fun	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
Cor	mmittees Participating in Joint Fundraiser				
1.					
2.	FEC ID number				
3.	FEC ID number				
4					

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Write or Type Committee Name	·	
Janice Hahn for	Congress	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person	in possession of committee
Brett P. Sm	i <mark>iley</mark>	
Mailing Address	One Park Row	
Mailing Address	Fifth Floor	
	Providence RI 02:	903
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 401	- 454 - 0990
5. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	he name and address of
Full Name James Cros	ss	
of Treasurer	627 S. Meyler Street	
Mailing Address	<u>[</u>	
	.O. Dulu	704
	San Pedro CA 907	
Title or Position Treasurer	CITY STATE 310 Telephone number	ZIP CODE - 308 - 7597 759

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Full Name of Designated Agent	Brett P. Smiley					
Mailing Address	One Park Row	1 1 1 1 1				
J	Fifth Floor					
	Providence RI 02903	- , , ,				
	CITY STATE ZIP	CODE				
Title or Position Designated Age	ent Telephone number 401 – 454	_ - 0990				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	California Bank & Trust					
Mailing Address	550 Hope Street					
	Los Angeles CA 90071					
	CITY STATE ZIP	CODE				
Name of Bank, I	Depository, etc.					
	Wells Fargo Bank N.A.	1				
Mailing Address	215 Pennsylvania Avenue SE					
	Washington DC 20003					
	CITY STATE ZIP	CODE				